

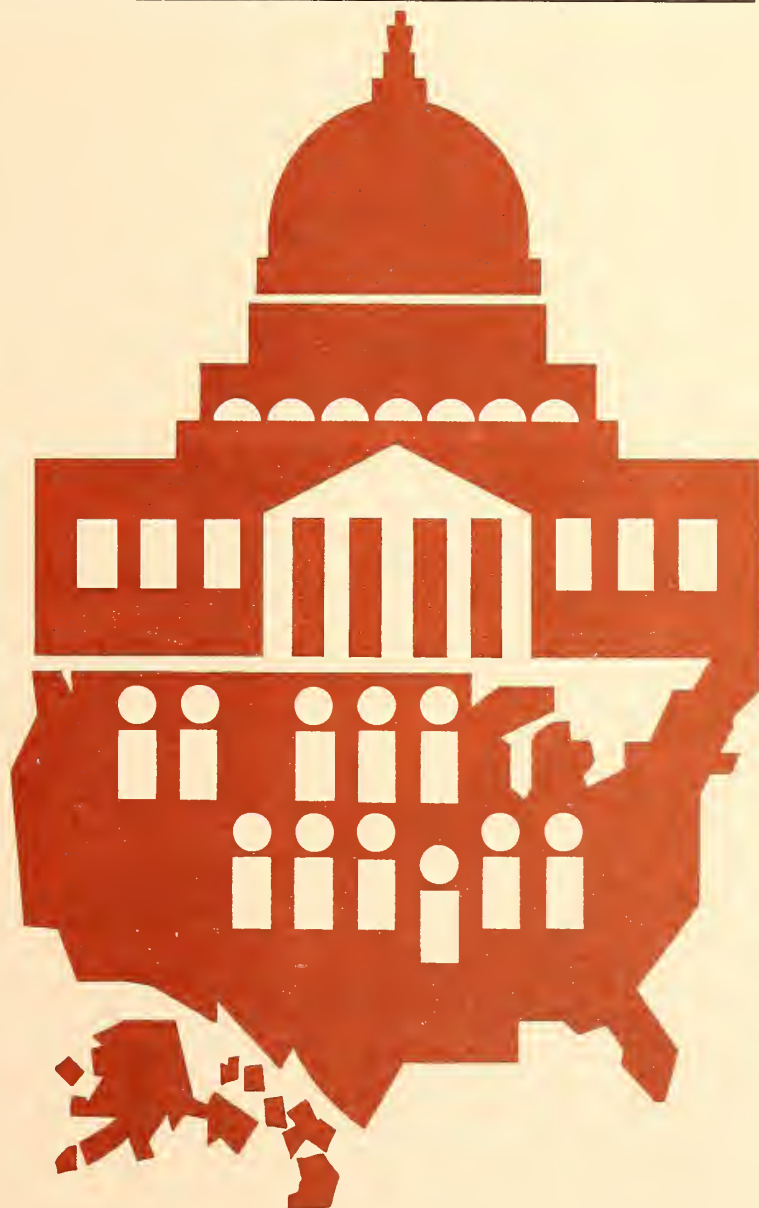
Confidentiality of Medical Records



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Washington, D.C. 20006

*Intergovernmental Health Policy Project
Suite 505
1919 Pennsylvania Avenue, N.W.
(202) 872-1445*

A SNAPSHOT OF 1979 STATE LEGISLATIVE ENACTMENTS
RELATING TO THE CONFIDENTIALITY OF MEDICAL RECORDS

By Judith A. Regner

Recent changes in the delivery of health care services have focused attention on the need to provide adequate safeguards for medical information, and the need to balance an individual's right to privacy with society's legitimate "need to know."

The impetus for the current legislative response to these issues comes from many directions. Patient care is now often provided by several physicians and other health care workers in the course of treatment. This results in information being shared among many people, diffusing responsibility for protecting the information and increasing the possibility of unauthorized persons having access to the records. The use of computers for the storage of medical information is another area of concern. With the loss of personal physician/patient relationship, the need for complete records is increased, yet there is a risk that this computerized information will become accessible to unauthorized users. There is also a lack of security for non-computerized information stored in medical facilities. Because approximately 70% of health care costs are paid by insurance companies, these third party payers are making legitimate requests for information. As the list of those who have good cause to review medical records grows to include not only personal physicians and insurance companies, but auditors, management personnel, researchers, and government quality assurance and cost containment programs, the possibility of a breach in the confidential nature of the medical record grows. As a result, the collection and use of medical record information has become a prime concern of consumers of health care services.

Another key issue has been the patient's right to know what information is in his records and to have some control over its dissemination.

It has been the task of legislators at the state and federal level to respond to these diverse and sometimes conflicting needs and interests.

At the Federal level, in July, 1977, the Congressional Privacy Protection Study Commission published its final report containing 162 recommendations, with a strong emphasis on medical records. This report was viewed as indicative of the government's commitment to privacy issues. More recently this commitment has been reaffirmed. The newly-formed President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research is mandated by Congress to examine the issue of protecting individual's medical records.

In the past, specific laws concerning health records have generally been privilege laws covering only in court disclosures, or compulsory reporting laws which require, rather than restrict, the disclosure of medical information.

Although some of the state laws enacted in 1979 fit these categories, the majority relate to patients' rights to confidentiality and to access to their records; and to developing guidelines regulating authorized disclosure of information. At least 27 states enacted one or more laws in 1979 having some relevance to the issues of confidentiality and medical records. Because the issues recur in many different areas of state law, sections on confidentiality are often one part of a more comprehensive statute dealing with, for example, commitment proceedings for the mentally ill, alcohol treatment, or patients' rights in specific situations. Many of these laws apply to specific government agencies and state-run health care facilities.

In response to recent attention on conditions in state mental institutions and pressure from active patient advocate groups, state legislatures have developed increasingly stronger protection of patients' rights in civil commitment proceedings, including the right to confidentiality of medical records and the right of access to their records. Prior to 1979 over half of the states already had specific sections of their mental health code covering confidentiality, and several had sections containing guidelines for access to records.

In 1979, MASSACHUSETTS passed a comprehensive new law providing residents of health care facilities with a right to confidentiality and to inspect and copy their records. (This law is discussed in detail in The New England Journal of Medicine, December 1979.)

New laws in CONNECTICUT and WASHINGTON insure confidentiality of records for residents of nursing homes, while ARKANSAS and INDIANA enacted similar provisions in 1979 for mentally disabled patients. The INDIANA statute states that the record belongs to the patient and the service provider, but that the service provider shall retain it. ARIZONA does not mention confidentiality but does provide mentally disabled persons with a right to examine their medical records and written treatment programs, unless such an examination is contraindicated and so noted in the record. Conditions where patient access would be contraindicated are not defined in the new law.

The majority of state legislative activity in this area in 1979 involved defining who has access to patients' records; also defining when patient consent, usually in writing, is required for access to these records. Previous state policies governing access to records have been inconsistent and poorly enforced. Tightening of state policy in this area hopefully recognizes the diverse needs of the parties involved and may result in more accurate and complete record keeping, to the benefit of the patients and other interested parties.

In all, twenty states passed laws in 1979 that include a reference to access to medical records. These include laws relating to records for treatment for alcohol and drug abuse, child abuse, long term care, and mental and developmental disabilities, as well as health care in general. Many of these laws contain very similar lists detailing when and to whom access may be granted without the patient's consent. These situations include transfers to other facilities, medical emergencies, certain legal situations, and when the information is required for financial reimbursement. In regard to managerial functions and research, the condition that no identifying information be included is usually imposed. Some of the laws in this category have special features. For example, LOUISIANA requires that, upon request, patients be furnished with a copy of any information about them which is disclosed by a health care provider. Three new GEORGIA enactments protect a person making an authorized disclosure of a patient's record from being liable for such action.

Some state laws enumerate specific fines, penalties and remedies for unauthorized disclosures. For example, in 1979 NORTH CAROLINA designated unauthorized disclosures to the general public as a misdemeanor. CONNECTICUT permitted patients in nursing homes a private right of action to sue for damages for deprivation of their rights, including the right to confidentiality of medical records. INDIANA provided patients with the alternatives of court or administrative action in 1979,

while MARYLAND established liability for breaches of confidentiality. In this same year, MASSACHUSETTS permitted patients to bring civil action for violation of a number of patients' rights, including the right to confidentiality of patient records. Violators in OREGON may be fined if abuses are not corrected in a specified amount of time.

Five states enacted confidentiality laws specific to substance abuse in 1979. DELAWARE declared that records for alcohol treatment were confidential, but allows disclosure for alcoholism research provided identifying information is not disclosed. The new GEORGIA law provides for confidentiality of records for substance abusers, but permits treatment facilities to exchange information without requiring patient consent. This applies to the records of both voluntary and involuntary patients. NEW HAMPSHIRE's 1979 law reorganizing state substance abuse programs also forbids discovery of substance abuse medical records in criminal proceedings. Such information may be released to courts for recommendations on sentencing, however, or in cases of a court order pursuant to Federal regulations. ILLINOIS' recent amendments to its Dangerous Drug Act of 1965 includes guidelines for disclosing information from records pertaining to treatment for drug abuse.

The 1979 MAINE statute in the area of substance abuse is designed to facilitate the treatment of minors. It provides that a facility or professional person providing treatment is not obligated to obtain consent from or provide information to parents. The existing law is amended to include persons licensed to provide counseling services as among those professionals who need not obtain parental consent. This statute also makes clear that it does not necessarily prohibit informing parents.

CALIFORNIA enacted a similar provision permitting treatment without parental consent for minors twelve years or older, in the case of mental health outpatient treatment. NORTH CAROLINA enacted a 1979 law that makes reference to mental health treatment for minors. It establishes the confidential nature of court records of minors involuntarily committed to mental health facilities. This law also provides that the records will be expunged from court files when the person reaches adulthood--if so requested by the person or a parent.

Another category of laws relating to medical records includes those that require reporting of certain medical information. At least six states passed laws in this area in 1979. NEW YORK, for instance, now includes psychologists in the group of professionals required to report cases of child abuse. NEBRASKA enacted amendments to the Child Abuse and Neglect Act

that establish a statewide toll free number for reporting, and requires law enforcement agencies to notify a central registry of reports of abuse or neglect. HAWAII includes law enforcement officers as those required to report suspected cases of child abuse or neglect as a result of 1979 legislation.

The other three 1979 reporting laws involve the reporting of disease. KANSAS requires the reporting of infectious disease by persons licensed to practice the healing arts. It also designates the reported information as confidential. The NEW HAMPSHIRE law is more general. It requires an attending physician or representative of a facility to report critical health problems. These are defined as lead poisoning, Reyes Syndrome, or any disease of particular concern as determined by the Director of Public Health Services. WYOMING's law requires that each hospital or local health officer report every diagnosed case of Reyes Syndrome to the Department of Health and Social Services.

The final group of laws relating to confidentiality are those having some reference to privileged communications. ALABAMA extended the privilege of confidential communication to licensed psychiatrists in 1979. CALIFORNIA afforded the same privilege to relationships between any professional person providing treatment for a minor and a minor who has consented to the treatment. NEW YORK and ARKANSAS both made reference to the privilege in relation to 1979 child abuse legislation. NEW YORK added the psychologist/client privilege to those not to be evoked as a grounds for excluding otherwise admissible evidence in child abuse cases. ARKANSAS inserted a similar clause relating to communication between husband and wife, or any professional person other than a lawyer and client, in its child abuse statute.

The Intergovernmental Health Policy Project has full text copies of each of the enacted state laws relating to confidentiality. They are available upon request. (Please enclose a self-addressed label--it is extremely helpful to our staff.)

<p><u>Note:</u> Every attempt was made to be as comprehensive as possible in listing current state laws relating to confidentiality programs; however, some omissions may occur. The Intergovernmental Health Policy Project would appreciate being kept updated about any further developments.</p>
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ALABAMA H.493

This Act amends the Code of Alabama to include licensed psychiatrists under the more general confidential communications privilege. The new law states that communications between licensed psychologists and licensed psychiatrists, and their clients, are placed on the same basis as those protected by law between attorney and client.

ARIZONA Senate Bill S.1160

This Act, providing for mental health evaluations, commitments and treatment, includes a section relating to patients' rights.

Under the patients' rights provisions patients have the right to examine the written treatment program and the medical record, unless the attending physician determines that such an examination is contraindicated. If so, the determination should be noted in the record.

Violation of any rights gives the person a cause of action for the greater of either \$1,000 or three times the actual amount of the damages.

ARKANSAS Act 75

This Act amends the Child Abuse and Neglect Reporting Act.

In relation to confidentiality, it stipulates that a claim or privilege between husband and wife, or any professional person (except the case of lawyer and client) does not constitute grounds for excluding evidence at any proceeding regarding child abuse or child neglect.

ARKANSAS Act 624

This also amends the Child Abuse and Neglect Reporting Act. It designates the prosecuting attorney or local law enforcement officer as the person to conduct an investigation when an employee or agent of the District or State Social Service Division of the Department of Human Resources is suspected of child abuse, neglect, or exploitation.

It also adds the following in the section relating to who shall have access to reports:

- State or local officials responsible for administration, supervision or legislation in relation to the treatment of child abuse or neglect; and
- Any person engaged in research or auditing, provided that no identifying information is made available unless it is absolutely essential to the research purposes, unless confidentiality is insured, and unless the commissioner of the department has given prior written approval.

ARKANSAS Senate Bill S.633

This Act revises and clarifies the law in relation to procedures for voluntary admissions, commitment and rights of mentally ill persons.

Under the section on patients' rights it states that all communications and records pertaining to care and treatment will be treated confidentially and will not be released without proper authorization. Proper authorization is not specifically defined, and no specific recourse is established for abuse of patients' rights, although there is a patients' advocate to act on the patients' behalf and to investigate all complaints.

CALIFORNIA Senate Bill S.242

In this Act relating to public records, confidential information is defined to include among other categories, medical, psychiatric and psychological records.

The law states that confidential information on public record may be disclosed in the following circumstances:

- By oral or written consent of the subject;
- By written consent within specified time periods;
- To guardians or conservators;
- To agency personnel if relevant to the performance of duties;
- To transfer to another facility;
- When specifically required by state or federal law;
- For research purposes when no identifying information is included;

- If the health or safety of another person is threatened;
- To the state archives or the director of General Services;
- Pursuant to a subpoena or court order, if attempts are made to notify the individual on whom the record is kept;
- Pursuant to a search warrant;
- For verifying and paying health care service claims;
- To law enforcement agencies;
- To a person or governmental organization when necessary to investigate a complaint, provided written consent is given;
- To an adopted person;
- To the legislature or a member when acting in the individual's behalf;
- To the University of California or other research groups, provided confidentiality will be protected and personal identity is not further disclosed.

The intent of this Act is to clear up ambiguities due to differing administrative interpretations of the Information Practices Act of 1977.

CALIFORNIA Assembly Bill 657

This Act enables a minor who has attained the age of twelve years and who, in the opinion of the attending professional person, is mature enough to participate intelligently in mental health treatment, to consent to mental health outpatient treatment without requiring the consent of a parent or guardian. It provides that when the minor consents to his own treatment the professional person treating the client has the psychotherapist/patient privilege.

CONNECTICUT House Bill H.6859 - Public Act No. 79-378

Connecticut's "bill of rights" statute includes provisions assuring patients confidential treatment of their personal and medical records. The law also permits patients to approve, or refuse, release of their records to any

individual outside the facility, except in case of a transfer to another health care facility or as required by law or third party payment contract.

This 1979 law makes any nursing home facility liable to a patient, in a private cause of action, for injuries suffered as a result of depriving the patient of any right stated by law. Damages are assessed in the amount sufficient to compensate for the injury. Where the deprivation is found to be wilful or in reckless disregard of the patient's rights, punitive damages may be assessed. Exhaustion of any available administrative remedy is not required prior to initiating a suit.

CONNECTICUT Substitute House Bill 7854 - Public Act 79-389

This Act gives a patient or his attorney access to his psychiatric hospital records, and the right to inspect and make copies of them, following discharge or during any litigation related to hospitalization. The request process to such records must be made in writing. In situations not involving litigation, the facility may refuse to disclose information it feels is (1) medically harmful, (2) constitutes an invasion of another person's privacy, or (3) violates an assurance of confidentiality given another person. The patient may protest this refusal to disclose information by filing a petition with the court.

CONNECTICUT House Bill 7876 - Public Act 79-383

This Act entitles the Department of Administrative Services to receive information concerning patients in institutions, hospitals and facilities of the Department of Health Services, Mental Health, and Mental Retardation, and state humane institutions, only if this information is required to obtain support and payment for the care of the patients. Confidentiality of the information and its use only for the specified purpose is assured.

DELAWARE House Bill H.482

This Act deals with the treatment of alcoholism. Medical records with respect to treatment for alcoholism are designated as being confidential and privileged. The Bureau of Alcoholism and Drug Abuse is allowed to disclose information from patient records for the purposes of research into the causes and treatment of alcoholism, provided the information is not published in a way that discloses identifying information.

GEORGIA Senate Bill S.163

This Act relates to hospitalization and treatment of mentally ill persons. The section on confidentiality allows for records from other facilities, community mental health centers or private practitioners to be released to an admitting facility. When a service plan involves transfer, records may be released to the new facility, community mental health center or private practitioner.

Any authorized or unauthorized disclosure of confidential or privileged patient information does not destroy the confidential or privileged character of the information, except for the purposes for which the disclosure is made. Any person making a disclosure authorized by this section is not liable to the patient.

GEORGIA Senate Bill S.164

This Act relates to services for mentally retarded persons and includes a change in the provisions for confidentiality so that a person making an authorized disclosure of information is not liable to the client or any other person.

GEORGIA Senate Bill S.165

This Act relating to hospitalization and treatment procedures for substance abusers includes some changes in the provisions for confidentiality. The changes allow for the exchange of information between the admitting facility and another facility, community mental health center or private practitioner.

Another amended section relates to disclosure, stating that any authorized or unauthorized disclosure does not destroy the confidential or privileged character of the information, except for the purposes for which an authorized disclosure is made.

GEORGIA HOUSE BILL H.753 - Act 626

This Act, establishing an ombudsman program in long term care facilities, provides the ombudsman with access to the patient's records with the permission of the patient.

HAWAII House Bill H.79 - H D 1

This bill requires police and other law enforcement officers to report suspected cases of child abuse or neglect to the Department of Social Services and Housing. Officers

need to report orally in all cases, and they only need to file a written report with the Department of Social Service and Housing when they will not pursue the matter further.

Prior law also covers doctors, nurses, teachers, social workers, medical examiners and coroners, all of whom are required to report orally and in writing.

ILLINOIS House Bill H.1289

This Act amends the Dangerous Drug Act of 1965.

Records pertaining to the diagnosis and treatment of drug abuse are confidential. Information may be disclosed:

- With written consent of the patient;
- To medical personnel in a medical emergency;
- For research, audit or program evaluation, as long as the identity of the patient is not disclosed;
- By court order; and
- To law enforcement and prosecuting agencies if necessary to seek assistance, to report and prosecute a crime on the premises of the drug program, or a crime against program personnel.

ILLINOIS Senate Bill S. 1145 - Public Act 81-493

This Act relates to the inspection of hospital and physician records. A statute enacted in 1969 states that upon written demand, the patient, the patient's physician, or authorized attorney can examine hospital or physician records after discharge, and can make copies. This provision does not apply to patients of the Department of Mental Health and Developmental Disabilities.

The new amendment provides that in the event of conflict between the 1969 law and the Mental Health and Development Disabilities Confidentiality Act, the latter will prevail.

INDIANA House Enrolled Act 1830

This Act adds a new chapter to state law concerning the rights of people being treated for mental illness or developmental disabilities. It applies automatically to certain

mental disability facilities, including public hospitals, mental disability clinics, and private psychiatric hospitals. Other service providers and private practitioners may elect to be subject to this chapter by notifying the Commissioner of Mental Health in writing.

The provisions pertaining to medical records provide that information contained in the record belongs to the patient as well as the provider. The provider, however, is entitled to retain possession of the record. All information is confidential and may be disclosed only with the client's consent, unless otherwise provided. Furthermore, the patient or his designee is entitled to inspect and copy the records. A provider may deny or limit the release of information to a client if such disclosure is therapeutically contraindicated.

Information may be disclosed for administrative, research, reimbursement, and certain legal purposes.

Violations of confidentiality may result in court action, revocation of a license, or loss of funding.

KANSAS Senate Bill S.59

This Act requires the reporting of infectious or contagious diseases by persons licensed to practice the healing arts. It also provides for the confidentiality of these reports. Information may be disclosed only:

- For statistical purposes, if no identifying information is included;
- If written consent is given;
- To qualified medical personnel in a medical emergency; and
- If the information is required in a court proceeding involving child abuse and the information disclosed is in camera.

LOUISIANA Senate Bill S.135

This law requires that patients be furnished, upon request, a copy of any information about them which is transmitted by a health care provider to any company, public or private agency, or any other person.

MAINE H.P.592 - L. D. 736

Existing law facilitates the treatment of minors for venereal disease and drug abuse problems by providing that any treatment facility, or licensed person who provides facilities, medical care, psychological counseling, or social work services to a minor for venereal disease or abuse of drugs is under no obligation to obtain the consent of parents or guardians, or to inform parents or guardians of the provision of services.

This Act amends existing law by adding treatment for alcohol abuse, and by including persons licensed to provide counseling services among those professionals who need not obtain parental consent. It also clarifies that it does not necessarily prohibit informing parents or guardians.

MARYLAND Senate Bill S.782 - Chapter 483

Existing law authorizes a provider of medical care to reveal information from medical records to designated persons in specific circumstances. For example, a provider of medical care may reveal information to the patient on whom the record is maintained, or his agent, but may not reveal it to anyone else unless authorized by the patient.

There are exceptions to the need for a patient's consent. These circumstances are detailed in the bill. They include providing information to government agencies, to third party payors, and to an insurance company in connection with a malpractice claim.

Violators are liable to any plaintiff for damages recoverable in law or equity, including reasonable attorney's fees.

This new statute includes a defendant, or defendant's legal counsel in malpractice claims against a provider, as among those having access to records.

MASSACHUSETTS S.1757

This Act establishes an extensive bill of rights for patients being treated in health care facilities. Among other rights, patients are provided the right to confidentiality of all records and communications to the extent provided by law, and the right to inspect and receive a copy of their medical records.

The provisions relating to confidentiality of records do not prevent a third party reimbursor from inspecting and copying records in the course of determining eligibility for, or entitlement to benefits--if the policy or certificate under which the claim is made permits access to records. These provisions also do not prevent access to records in connection with peer review or utilization review procedures.

Any person whose rights are violated under this law may initiate a civil action for damages. (See New England Journal of Medicines, Dec. 1979 for a more detailed discussion of this law.)

NEBRASKA Legislative Bill 505

This Act amends sections on the child abuse and neglect statutes. For instance, it establishes a statewide toll free number for child abuse reporting. In addition, it requires agencies receiving reports of abuse or neglect to notify a central registry, and to provide notification if an investigation is undertaken. The Department of Public Welfare is authorized to maintain the central registry.

Under the new amendments, the subject of a report is entitled to receive a copy of all information pertaining to his or her case. This excludes data that would be harmful or that would identify a person who made a report or cooperated in an investigation. Subsequent to an investigation, the subject may request alterations and deletions from the record. If the department does not comply, the subject has a right to a fair hearing. The law also requires that information identifying subjects of unfounded reports must be expunged from the register.

All records of child abuse and neglect must be kept confidential, and unauthorized release of information is a misdemeanor. The new statute authorizes the following persons to have access to child abuse or neglect records:

- A service unit of the county;
- Law enforcement agencies;
- A county attorney;
- A physician who suspects abuse;
- An agency or parent or guardian responsible for the care, treatment or supervision of an abused or neglected child;

- Anyone engaged in research or auditing, providing identifying information is excluded; and
- A person making a legally mandated report under this Act is entitled to a summary of the findings of the resulting investigation.

NEW HAMPSHIRE Senate Bill S.44 - Chapter 339

This Act requires the reporting of critical health problems defined as lead poisoning, Reye's Syndrome or any disease considered to be of particular concern as determined by the director of public health services. Attending physicians or other facility representatives are required to report the existence of a critical health problem not more than ten days after the diagnosis or conformation. A report or other data that discloses the identity of an individual can be made available only to persons who demonstrate a need for the report. A report not disclosing the identity of the individual must be made available to the public.

The physician/patient privilege does not apply to a critical health problem report.

Violations of these requirements are a misdemeanor.

NEW HAMPSHIRE House Bill H.832

This Act relates to the treatment of alcoholism and the reorganization of state programs on alcoholism and drug abuse.

Regarding confidentiality, the new law states that records of the Office of Alcohol and Drug Prevention, designated programs, or care facilities are not discoverable by the state in criminal prosecutions.

Written consent is required for the release of information unless it is to be used for treatment, research, or statistical purposes. A claim of a right to confidentiality cannot be invoked to deny disclosure of information to a referring court or through a court order pursuant to appropriate Federal regulations.

NEW JERSEY Senate Bill S.865

This Act amends existing law to include hospital service corporations, medical service corporations, and insurance

companies in the category of persons who have access to information and data of the utilization review committee of certified hospitals or extended care facilities.

The purpose of this is to address the problem of containment. It is anticipated that insurance company use of utilization review committee information will facilitate the identification and transfer of patients to less costly environments.

NEW MEXICO House Bill H.272 - Chapter 140

This Act amends the Mental Health and Developmental Disabilities Code to provide guidelines for the disclosure of information.

Authorization of the client is required for the release of any identifying confidential information, except in the following circumstances:

- When the request is from a professional who needs the information in the course of treating the patient;
- When disclosure is necessary to protect the client or another from imminent physical injury;
- When disclosure to a parent or guardian is required to treat a minor; or
- When disclosure is made to an insurer. In this situation disclosure is limited to identifying information and duration of treatment.

In all other cases, authorization from the client must be in writing, must be signed, and must include a statement of the client's right to examine and copy the information to be disclosed. In addition, the client must be given the name of the person who will receive the information, and how it will be used.

The law stipulates that clients have access to their records, the right to make copies, and to submit corrections or clarifications. A professional staff person, however, may deny access if disclosure is not in the best interest of the client. In that case, the client has a right to petition the court to grant access.

When the client is incapable of giving or withholding consent, a treatment guardian may be appointed.

NEW YORK Senate Bill S.794 - Chapter 81

This Act amends the existing social service law and the Family Court Act to include psychologists in the group of professionals required to report cases of child abuse or maltreatment. It stipulates that the psychologist/client privilege may not be evoked as a grounds for excluding otherwise admissible evidence in a child abuse case.

NEW YORK Senate Bill S.1939 - Chapter 66

This Act amends the Mental Hygiene law in relation to the confidentiality of clinical records. The only change is to substitute the word "patient" for the word "plaintiff" in reference to involuntary hospitalization proceedings.

NORTH CAROLINA House Bill H.415 - Chapter 147

This Act permits the exchange of patient information between mental disability treatment facilities. It is based on the fact that clients are often treated in multiple facilities during the course of their illness, and that providers need to know of past treatments rendered to mentally impaired patients.

Any treatment facility is authorized to furnish information, regarding any present or former resident or patient, to any other treatment facility upon request--if the patient is presently seeking treatment or has been involuntarily committed to the requesting facility. Also, any treatment facility is required to furnish information back to the referring facility upon request. In these circumstances patient consent is not required and information will be furnished despite a patient's objections.

NORTH CAROLINA Senate Bill S.255 - Chapter 207

This Act permits the public disclosure of information received by the Medical Care Commission and the Department of Human Resources through field reports, license applications and inspections, except when disclosure violates the confidential relationship existing between physician and patient.

The Department of Human Resources is authorized to adopt rules and regulations to enforce this Act.

NORTH CAROLINA Senate Bill S.324 - Chapter 915

This Act relates to the involuntary commitment law, and it contains a section on the confidentiality of court records of minors committed involuntarily. This new law states that records of minors are confidential and not open to the general public. Unauthorized disclosure of records to the general public is a misdemeanor. Exceptions can be made, however, upon written motion if a judge finds disclosure is appropriate, and is in the best interest of either the minor or the public.

At the request of the parent, guardian or person involuntarily committed, these records must be expunged from the files of the court after the person has reached adulthood and has been released.

OHIO Substitute Senate Bill S.62

This Act amends existing law to specify that medical records are not public records.

OREGON House Bill H.2368 - Chapter 261

This Act includes a section on the rights of nursing home residents. One of the rights is that medical and personal records must be kept confidential. Unless the resident is transferred, or the records are examined by a third party payment contractor, records must not be released outside the facility.

Violations may result in a fine if not corrected within a specified amount of time.

SOUTH DAKOTA Senate Bill S.92

This Act requires that all hospitals and licensed medical persons provide copies of medical records, reports, and x-rays to a discharged patient on written request, provided the disclosure will not be detrimental to the health of the patient. The patient may be expected to pay the costs involved in reproducing and mailing the information.

WASHINGTON Substitute Senate Bill S.2336

This Act relating to nursing home and resident care has a section on patients' rights that provides confidentiality

for resident records, including information in an automatic data bank. Information can not be released without the resident's consent unless otherwise authorized by law.

Patient records are available, however, to any staff member directly involved in treatment, and to appropriate representatives of the Department of Social and Health Services. Facilities are instructed to develop written guidelines governing access to, duplication of, and dissemination of information from the records.

WYOMING House Bill H.2

This Act requires hospitals and local health officers to immediately report diagnosed cases of Reye's Syndrome to the Division of Health and Medical Services of the Department of Health and Social Services.

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George Washington University
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Legislative snapshot.

The Intergovernmental Health Policy Project serves a unique function in the development of the nation's health policy. It is the only university-based program in the country concentrating its research efforts exclusively on the health laws and programs of the 50 state governments. The Project provides assistance to state executive officials, legislators, legislative staff and others who need to know about important developments in other states. At the same time, the IHPP helps federal officials identify innovative state health programs and specific state problems.

To facilitate these information-brokering activities, the IHPP maintains direct links with state governments, state legislatures, research centers, planning agencies, and interest groups throughout the country. Reliable, up-to-date information on health legislation and programs is obtained through IHPP's own network of knowledgeable health policy experts in each of the 50 states, as well as from its clearinghouse of all state health legislation.

Through its newsletter, *State Health Notes*, research publications, and conferences, the IHPP provides key health policy-makers with timely, comprehensive examinations of innovative state legislative activities and health programs.

The Intergovernmental Health Policy Project has a full-time staff of five professional researchers, supplemented by graduate research assistants and consultants. The publications, research and services of the IHPP are made possible by a grant from the Health Care Financing Administration, DHEW, to George Washington University. (HCFA Grant #18-P-27 321/3)